

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 4, 1986

ALL COUNTY INFORMATION NOTICE NO. 1-34-86

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: STREAMLINED CA 7 MONTHLY ELIGIBILITY REPORT

REFERENCE: ACIN I-100-85

The State Department of Social Services (SDSS) is considering a revision to the current Monthly Eligibility Report Form (CA 7). The purpose of this letter is to give you information about the project and to solicit counties to participate in a test of the revised form.

Background

Los Angeles County's attempt to reduce the administrative burden of the current monthly reporting system through its pilot of a CA 7 short form has attracted the interest of the County Welfare Directors Association and the Statewide Corrective Action Committee.

Based on the findings and recommendations of the Los Angeles County CA 7 Short Form pilot test, SDSS staff, in conjunction with the CWDA Forms Subcommittee, designed a streamlined version of the CA 7.

The Streamlined Form

The streamlined CA 7 (see Attachment I) has been designed based upon specific principles and guidelines (see Attachment II).

Based on these criteria, the streamlined CA 7 contains only five general questions which focus on circumstances that have changed during the month. The questions are arranged so that the worker can easily determine whether the CA 7 is complete and whether there have been any changes or income during the month.

THE PILOT

It is important that such a major revision to the CA 7 be adequately pilot tested. The pilot will include AFDC and Food Stamp recipients. Both the English and Spanish versions of the new CA 7 will be tested. The purpose of the pilot is to determine whether the streamlined CA 7 increases timely and complete reporting without adversely impacting program quality.

COUNTY PARTICIPATION

We plan to test the new CA 7 in at least three counties (large, medium and small). Pilot counties will use the revised CA 7 for all English and Spanish speaking cases during the pilot period, July 1, 1986 through December 31, 1986. In addition, control counties will be selected whose characteristics are similar to pilot counties.

Both pilot and control counties will be expected to collect sample data and prepare reports which will be used in evaluating the new CA 7. SDSS staff will provide training, assist pilot and control counties during implementation and conduct an evaluation of the results.

We expect that the streamlined CA 7 will have no negative impact on pilot county error rates. If quality control review errors directly attributable to use of the test CA 7 are found, they will be included in error rate computations. In AFDC, however, in accord with MPP 15-130.2 and 15-130.4 such errors would be removed in the event of a fiscal sanction. Also, in the event of federal QC sanctions, any such errors found in either the AFDC or Food Stamp samples will be backed out of the state's error rate in the calculation of the total amount of pass-on to counties.

Interested counties should direct their written requests to participate in the streamlined CA 7 pilot by April 15 to:

State of California
Department of Social Services
AFDC and Food Stamp Policy
Implementation Bureau
744 P Street, MS 16-31
Sacramento, CA 95814
Attn: Barbara Cox

If you would like to discuss the specific study plan and requirements, please contact Dianne M. Edwards at (916) 322-5330. Further information will be provided to interested counties. Counties selected to participate will be announced by May 1, 1986.



ROBERT A. HOREL
Deputy Director

cc: CWDA

Attachment

MONTHLY ELIGIBILITY REPORT

Attachment 1

For Cash Aid and Food Stamps

Report Month: _____

INSTRUCTIONS

- Complete and return this report by the 5th of the month. If a complete report is not received by the 11th, you will not get the Cash Aid work allowances and your benefits may be delayed, lowered, or stopped.
- Answer ALL of the questions. If the answer to any question or part of any question is YES read, and complete the rest of the section. Attach a separate sheet of paper if needed.
- If you receive Food Stamps, answer for everyone in your household. If you do not receive Food Stamps, answer for everyone receiving Cash Aid, the children's parents, stepparents and your spouse if in the home.
- Attach proof of reported income and expenses or your benefits may be lowered or stopped.

PRELIMINARY DRAFT

Need Help? Call your worker.

Worker: _____

Phone: _____

1. Did anyone work or was anyone in a training program? ☐ YES ☐ NO

- If YES, list all earnings or training allowances received during the month. List who received income, the employer's name, gross amount before deductions, actual date received, and the number of days and hours worked in the month. **Attach paystubs or other proof of earnings.**
- If self-employed, list business expenses on a separate sheet of paper and **attach proof** of income and expenses.

Name	Source	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Days	Hours
Name	Source	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Days	Hours

- If anyone above paid for care of a child or disabled adult while working or in training, complete below. **Attach proof.**

Who Received Care?	Cost of Care	Who Received Care?	Cost of Care
	\$		\$
	\$		\$

- If you received Cash Aid and anyone in your home had earnings and paid any court ordered support in the month, list the amount paid. **Attach proof.** \$ _____, \$ _____, \$ _____.

2. Did anyone receive money or benefits from any other source? ☐ YES ☐ NO

Such as: Social Security, Railroad Retirement, Unemployment/Disability Insurance, Interest, Worker's Compensation, SSI/SSP, Child/Spousal Support, Child Support Disregard, Loans, Grants, Earned Income Credit, Strike Benefits, Tax Refund, Cash, Lottery Winnings, Gifts, Free Housing, Utilities, Food, or Clothing.

- If YES, complete below. List who received, source, gross amount and actual date received. **Attach proof** of any changes.

Name	Source	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date
Name	Source	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date	Amount \$ Date

- If you received Cash Aid and anyone in your home had income and paid any court ordered support in the month, list the amount paid. **Attach proof.** \$ _____, \$ _____, \$ _____.

COUNTY USE ONLY

E.W. INITIALS

DATE:

- Make sure you answer All the questions.
- Make sure you sign and date this form.

- Have a witness sign and date if you signed with a "X".
- Make sure to include All required proof.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

- I understand that failing to report information or misrepresentation of facts for Cash Aid programs, Food Stamps or Cash-based Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In the Food Stamp Program the penalties can result in permanent disqualification from the Program, fines up to \$10,000 or imprisonment for up to 5 years. Disqualification penalties for intentional Program Violation(s) are 6 months for the first violation, 12 months for the second violation, and permanent disqualification for the third violation.
- I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.
- I understand that reported information may result in a decrease or discontinuance of benefits.
- I understand that I have the right to request a state hearing on any proposed action by the county welfare department.
- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete for the entire report month.

- If YES, list and explain the change. **Attach proof** of pregnancy or any expenses.

- ☐ Start, stop, refuse a job, go out on strike, or reduce hours
☐ Start or stop school or college if age 16 or older
☐ Bought, sold, gave away a motor vehicle, home, land, etc.
☐ Change in end of month balance in checking or savings account(s)
☐ A cash Aid recipient became pregnant, had a baby, miscarried, or aborted
☐ or over age 60. **Attach proof.**
☐ Medical expenses for a Food Stamp recipient, if disabled
☐ seeks work or attends school or training. **Attach proof.**
☐ Charged for care of a child or disabled adult while someone
☐ Married, divorced, or separate
☐ A disability began or ended
☐

5. Does anyone have anything else to report, including expected changes? Such as:

Full Name	Relationship to You	Date	What Happened

- Did anyone move into or out of your home? (include a household member who died and/or a newborn). ☐ YES ☐ NO

Home Address (Number, Street Name, Avenue Blvd. Etc.)		Apt. No.		City		State		Zip Code		Date of Change	
Mailing Address (If Different Than Home Address)											
City											
State											
Zip Code											
Date of Change											
Rent or Housing Cost											
I pay the following utilities at my new address:											

- ☐ I claim actual utility costs. **Attach proof** of costs.
- ☐ My address changed. Complete below. **Attach proof** of rent or housing costs, property taxes, and/or insurance and utilities you pay.
- ☐ The amount I pay for rent or housing changed. Complete below. **Attach proof** of costs.
- ☐ There is a change in my shared housing or a change in the amount paid by someone who is helping me pay for my housing and/or utilities. **Attach proof** that shows what was paid, who paid and the amount paid.

5. Did you move, change your address, have changes in shared housing, have changes in housing costs, or do you claim actual utility costs? ☐ YES ☐ NO

• If YES, check the box(es) that applies to you and include the facts asked for.

Attachment II

Principles and Guidelines

Principles:

- The CA 7 should not be viewed as a duplication of the statement of facts.
- The CA 7 is not the primary tool for educating recipients on their reporting responsibilities.
- Only those questions should be asked in which the information is not currently known with certainty.
- The CA 7 should be designed so that a "no change" report can be identified with a minimum of agency effort.
- The CA 7 design and content will have no impact on insuring that those clients who are determined to withhold information report accurately.

Guidelines:

- Specific questions will be limited to those areas in which data from the LA study reveal that changes were reported by one percent or more of the reporting population.
- With the exception of income, detailed reporting will be limited to changes.
- Repetition of instructions will be kept to a minimum.
- The questions should lend themselves to simple yes/no answers.
- Questions should be worded to clearly and simply request information needed to accurately determine eligibility within the context of the overriding design "principles".
- Color and/or bold print should be used to enhance form design according to a set of established criteria.